

QUALITY OF CARE

Alzheimer's State Plan Recommendations from the Quality of Care Workgroup for the Alzheimer's Advisory Council's Review/Comments/Approval

Workgroup Goal: Identify gaps in quality of care for people living with dementia in MA and strategies to close those gaps

This document was prepared by the Quality of Care Workgroup of the Alzheimer's Advisory Council and its two subcommittees: 1) Care Planning Subcommittee; and 2) Staffing & Training Subcommittee. A list of the workgroup's members is included at the end of the document.

Care Planning Subcommittee of the Quality of Care Workgroup

RECOMMENDATION #1 - CARE PLANNING

Develop a person directed care plan framework and template

IMPLEMENTATION STRATEGIES AND EXPECTED OUTCOMES		
Years	Implementation Strategies	Expected Outcomes
1-2	Beginning in Year 1 <ol style="list-style-type: none"> 1. Begin development of a person directed care plan framework and template that would be directed to consumers. This tool would be put in the hands of PLWD and care partners. 2. Gather information, data, looking at existing tools (see attached) 3. Meet with stakeholders and potential partners- potential partners identified include Alzheimer's Association, Honoring Choices, Dementia Friends, MA 4. Seek assistance of graduate student in public health, or nursing for research and writing. 5. Seek and identify sources of funding for dissemination and marketing 	In Year 1 <ol style="list-style-type: none"> 1. A Planning Committee that includes a diverse group of stakeholders and potential partners 2. A template that outlines information that should be included in care plan/ format 3. Workflow is developed 4. A graduate student to assist with work is secured 5. Funding is secured In Year 2 <ol style="list-style-type: none"> 6. A first draft of a template is presented that can be tested in 2 community settings.
3-4	<ol style="list-style-type: none"> 1. Further test and refine tool 2. Develop education sessions for those partners who will be disseminating the template to the public 	<ol style="list-style-type: none"> 1. One education session conducted for each community partner 2. Public is educated by partners and a guide on the use of the care planning tool is available <ul style="list-style-type: none"> • Potential partners for this: Alzheimer's Association, including DCC and Early Stage Advisory Group, Dementia Friends, Councils on Aging, ASAP's. 3. Tool is downloaded ___ # of times
5+	<ol style="list-style-type: none"> 1. Further disseminate across settings 2. Reevaluate usage/ update tool/technology 	<ol style="list-style-type: none"> 1. More widespread dissemination and adoption by the medical community and have a form that can be downloaded to EMR.

RISKS, RESPONSIBLE ORGANIZATIONS, COSTS			
Risks to Sustainability	Risk Response Strategies	Responsible Organizations	Costs
<ul style="list-style-type: none"> Lack of participation of partners and stakeholders. Competing with COVID-19 for resources. Framework may not be relevant to a wide variety of users 	<ul style="list-style-type: none"> Keep meetings focused and brief and incorporate feedback of stakeholders into plan. Set up timelines that may need to be extended if pandemic is more drawn out. Continually refine the tool based on user experience/ feedback 	<ul style="list-style-type: none"> Care Planning Subcommittee of the Quality of Care Workgroup of this Council with guidance from other organizations including: <ul style="list-style-type: none"> Executive Office of Elder Affairs, Alzheimer's Association, Honoring Choices 	<ul style="list-style-type: none"> No incremental costs for development as responsible party is Quality of Care Work Group of the Alzheimer's Advisory Council. Disseminating/Marketing/ advertising costs. Printing/ tech costs if incorporating to existing website.

RESOURCES
https://www.honoringchoicesmass.com https://respectcaregivers.org/wp-content/uploads/2016/04/Alzheimers-Patient-Navigation-Model1.pdf https://daanow.org/day-papers-summits https://www.alz.org/professionals/health-systems-clinicians/care-planning https://www.alzheimersnavigator.org https://theconversationproject.org/wp-content/uploads/2017/02/ConversationProject-StarterKit-Alzheimers-English.pdf https://www.alzheimers.org.uk/get-support/publications-factsheets-full-list

Staffing and Training Subcommittee of the Quality of Care Workgroup

RECOMMENDATION #2 – STAFFING AND TRAINING

Develop a plan that ensures that staff in primary care, long term care, home care, caregiver and patient settings across the state receive the training and support needed to build and retain interprofessional teams with expertise in dementia care

IMPLEMENTATION STRATEGIES AND EXPECTED OUTCOMES

Years	Implementation Strategies	Expected Outcomes
1-2	<p>Beginning in Year 1</p> <p><i>I. Improve Staff Training in Informal and Formal Settings</i></p> <ol style="list-style-type: none"> 1. Develop interprofessional training and ongoing coaching and support of health care professionals utilizing the national age-friendly health system and/or ECHO models (primary care, acute care, home care, long-term care organizations). 2. Within the age-friendly health system, develop dementia-specific adaptations and approaches of the 4M's. 3. Conduct pilot with about 6 early adopters to determine feasibility and refine the approach and plan for scaling. <p><i>II. Improve Recruitment and Retention of Direct Care Workers</i></p> <ol style="list-style-type: none"> 1. Enhance supports and training to improve recruitment and retention of direct care workers through developing career ladders, ensuring fair wages, and inclusion in interprofessional team training. 2. Launch PR campaign to elevate the perceived value of direct care workers. <p><i>III. Identify and Spread Quality Care Models and Improve Staffing</i></p>	<p><i>I. Staff Training in Informal and Formal Settings</i></p> <ol style="list-style-type: none"> 1. Interprofessional teams with expertise in dementia and an increase in number of Level 1 (participating) and Level 2 (submitted plan) age-friendly health systems in MA. 2. Increase in referrals for patients and caregivers for education around living with dementia. <p><i>II. Recruitment and Retention of Direct Care Workers</i></p> <ol style="list-style-type: none"> 1. Increase in retention and improved job satisfaction of direct care workers. 2. Public PR campaign is launched, and direct care workers are perceived as valuable by the interprofessional team. 3. Increasing number of new direct care worker hires annually.

	Levels 1. Leverage the expertise of the existing teams and/or centers of excellence caring for persons living with dementia to support interprofessional training and ongoing coaching.	III. Quality Care Models and Staffing Levels 1. Increase in participation of teams and centers of excellence in the dissemination of knowledge through models such as ECHO, curriculum development, and ongoing coaching support.
3-4	To be identified in Years 1-2 based on prior year outcomes	To be identified in Years 1-2 based on prior year outcomes
5+	To be identified in Years 1-3 based on prior year outcomes	To be identified in Years 1-3 based on prior year outcomes

RISKS, RESPONSIBLE ORGANIZATIONS, COSTS			
Risks to Sustainability	Risk Response Strategies	Responsible Organizations	Costs
<ul style="list-style-type: none"> Lack of protected time to train, plan and follow through. Competing demands, particularly COVID-19, among stakeholders. Lack of participation of partners and stakeholders. 	<ul style="list-style-type: none"> Highlight the value proposition of age-friendly health system response in enhancing care of cognitively impaired patients and COVID patients. Work with age-friendly health systems to identify potential funding. Acknowledge organizations involved in age-friendly health system model. Incorporate stakeholders in design of education plan. Launch PR campaign to publicize benefits of receiving care at age-friendly health systems 	<ul style="list-style-type: none"> This subcommittee along with EOEa will coordinate and track implementation by the following: <ul style="list-style-type: none"> Age-Friendly Health Systems/IHI Alzheimer's Association Baystate Geriatrics Workforce Enhancement Program ASAPs 	<ul style="list-style-type: none"> Costs associated with release time needed to accommodate staff training, which will be borne by the age-friendly health system. Costs associated with PR campaign.

RESOURCES

- Massachusetts Medical Society
- Alzheimer's Association's Dementia Care Coordination program
- UMass Boston Gerontology Institute
- Centers of Excellence in MA
- ECHO Albuquerque, NM
- Baystate Geriatrics Workforce Enhancement Program (GWEP)
- **Training programs - some examples:**

Primary Care

- Training Programs for Providers and Staff could include any of following:
 - Massachusetts Medical Society 5 part CME course: Diagnosis Treatment and Care of ADRD
 - Baystate GWEP's Geri-Pal Immersion training course
 - HRSA's Training for interprofessional clinicians and caregiver: Training Curriculum: ADRDs
- Following initial basic training clinicians will need ongoing coaching and support. Options include:
 - [UCLA Alzheimer's and Dementia Care Program](#)-several systems are utilizing this program or have Memory Loss Program's Center of Excellence
 - Baystate GWEP Echo Program can provide ongoing didactics and case-based coaching virtually

Acute Care

- [Guidance for Developing an Operational Plan to Address Diagnosis and Care for Patients with Alzheimer's Disease and Related Dementias in Hospital Settings](#) - Implementation to be reviewed and assessed in terms of:
 1. The need to provide culturally sensitive training on dementia and/or delirium to a broad range of caregivers.
 2. The importance of providing the optimal environment for patients, which may include sound reduction measures and special lighting.
 3. The necessity of learning the patient's prior history by working with the patient, family, caregivers, EMS personnel, among others.
 4. Management of treatment once the patient is in the care of providers in the hospital.
 5. Improving communication in care transfers and in discharges.
 6. Incorporating advanced care planning into the general information provided to a patient and caregivers to ensure that patients with Alzheimer's and related dementias have the full resources available to them.

Home Care

- Alzheimer's Association's Person-Centered Dementia Care (Train the Trainer model for long-term care and community-based settings)
- ASAPs have dementia specialist experts to work with families /clients with diagnosis and helping consumers find maximal community based and home care supports
- Direct training of caregivers should be supported and compensated in conjunction with regular communication with ASAP or other specialists to ensure feedback on unmet needs.
- Age-friendly home care systems must link with primary care system (in Age-Friendly Health system) to assess and support patients at times of changes in status

Long Term Care

- Develop and identify mandatory training modules to support identification of needs and appropriate responses. All staff must be trained including housekeeping, dining staff, front office
 - Alzheimer's Association's Person-Centered Dementia Care (Train the Trainer model for long-term care and community-based settings)
 - Alzheimer's Association's [Alzheimer's and Dementia Care ECHO Program](#) or participation in a broader AFHS ECHO (GWEP supported) since ongoing support and coaching will be needed to develop a core team of local experts to impact culture over time.

Quality of Care Workgroup Members		
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